

To:
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CC:
American Legion
Veterans of Foreign Wars
AmVets
National Rifle Association

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DISCLAIMER: This is not a request for funds nor a research proposal. It is a suggestion for a research question, with rationales, a possible methodology, and some observations. As I am 74 years old, retired, a former academic and manufacturing/quality engineer, and not in particularly good health, as much as I would like to be involved in this research, my role, at most, will be a kibitzer.

Subject: Verification or elimination of the pharmaceuticals our men and women in uniform have been exposed to during operations, and the types and amounts of pharmaceuticals they are receiving as veterans as a contributing cause to the apparent upsurge of veterans in illogical and excessively violent incidents.

The global or foundational problem of interest is the recent apparent upsurge in the number and scale of illogical, random, and extremely violent incidents, only some of which involved a firearm, albeit these incidents received the most media attention. This is much too large a question for a NGO to attempt to analyze. This is special concern as there appears to have been a significant change in after service behaviors compared to prior cohorts which in many cases engaged in far more prolonged and intense combat operations such as the trench warfare and mass frontal assaults of WWI, amphibious operations such as Tarawa, Iwo Jima, Okinawa, and D-Day of WWII, and the battle for Hué as part of the Tet Offensive in Vietnam.

As the old problem solving proverb has it, meaning the global or foundational question must be divided into more manageable pieces:

Q: How do you eat an elephant?

A: One bite at a time!

What is therefore suggested is that ONE aspect of the very broad foundational and indeed cultural/societal problem, as it involves current and former military personnel, should be examined with the specific research question **“do psychoactive/stimulant drugs, currently being taken or which have been taken in operational areas, contribute to the recent apparent upsurge in violent/irrational mental attitudes, incidents and behaviors?”**

The reason for selecting current and former military personnel is that they are a well-defined class, and have been screened by the military before being allowed to join for gross mental defects, low intelligence, drug use, and medical abnormalities, and the rigorous basic training period separates most “marginal” individuals that may have slipped through the initial screening process. Thus they are the best group likely to be identified that were free of other contributing factors.

Wounded Warrior is suggested as the coordination and sponsoring agency, not only because of your excellent relations and contacts with injured veterans, but your excellent contacts with other veteran organizations who should also have interest in this research question, and who may help to fund the research required. Other organizations, with special interest in the apparent rapid increase in the number and scale of illogical and violent incidents, such as the National Rifle Association [NRA], may be willing to assist in funding and supply specialty expertise, and many Wounded Warrior clients are active NRA [life] members and officers in their local, state and national organizations.

RATIONALE/NARRATIVE: While anecdotal, I grew up and later worked with/for many WWII, Korea and Vietnam veterans, many of whom had received serious injuries and were involved in some of the most violent and extended actions such as Trawa, Iwo Jima, Okinawa, D-Day, and Battle of the Bulge. Indeed, my high school football coach had a bad limp from a bullet he took in the breakout from Omaha Beach. While some of these individuals were marginal in that they drank far too much, and a few were involved in petty crime, none exhibited the bizarre behavior of latest veterans. It is highly doubtful the gene pool changed in a generation, so something else must have occurred. One of the more obvious changes is the proliferation of legal and illegal psychoactive drugs, far beyond sedatives and pain pills. The data required for a full scale epidemiological study is not available, and is highly unlikely to be made available to a NGO, even through FOIA requests. Therefore it is suggested that sampling techniques, commonly used in quality control and statistical process control [SPC] to estimate the attributes of an entire population or collection from a minimal sample be used. While there is the problem of the so-called “self reporting bias,” a reasonably random sample with only a few hundred responses should prove adequate to either disprove the role of increased use of the psychoactive drugs (and most or all of the corollary questions below) or to justify, even mandate/force, a full blown epidemiological study, with data from the FDA, DoD, etc., subpoenaed from these agencies by Congressional committee if necessary.

Of particular concern, based on reports in the foreign press, is the possibility that the ingestion of some common psychoactive drugs, when combined with even moderate alcohol intake, frequently results in extreme rage and violent outbursts where the perpetrators exhibit exceptional physical strength/endurance, absence of fear, and resistance to pain, i.e. tazing, and are thus difficult for the police to control short of lethal force or extensive/disabling injury.

SPECIFIC RESEARCH QUESTIONS:

1. Were pharmaceuticals routinely used to enhance performance, alertness, concentration and stamina of the troops in combat situations/operations/theaters, and if so what were these and under what authority/circumstances were these administered?
http://en.wikipedia.org/wiki/Methamphetamine#Military_use
<http://www.nytimes.com/2012/04/22/opinion/sunday/why-are-we-drugging-our-soldiers.html?>
http://en.wikipedia.org/wiki/Project_MKUltra
<http://en.wikipedia.org/wiki/Amphetamine>
2. Were psychological techniques and/or pharmaceuticals routinely used to induce the state called “battle trance,” in combat situations/theaters and if so what were these, by whom were these developed, and under what authority were these implemented?
http://en.wikipedia.org/wiki/Battle_trance
3. Have pharmaceuticals been substituted for adequate medical/psychiatric post-service evaluation and care of our veterans for “efficiency,” and “cost savings?”
4. Have the pharmaceuticals prescribed for our veterans and supplied through the VA been adulterated, mis branded or substituted? Have generic drugs with poor quality control and uncertain dosages, tablet to tablet or batch to batch, been substituted? Have placebos been substituted to contain costs?

SPECIFIC SUGGESTED ACTION ITEMS:

- 1 Preparation and mailing of a survey instrument or questionnaire [which I can assist with if desired] to be answered anonymously asking for self reporting on:
 - 1.1 period(s) of active service
 - 1.2 location(s) of active service
 - 1.3 location, frequency, type and intensity of combat

- 1.4 brief description of how injury occurred, and state of mind immediately prior to the injury
 - 1.5 the urging or ordering the ingestion of “pills” by superiors prior to or during operations to boost or maintain energy levels, stamina, and concentration, and if so the perceived effects of these “pills” including but not limited to euphoria, sweating, flushing, feelings of strength/invulnerability, paranoia, xenophobia, unusual sexual arousal, rage, etc.
 - 1.6 any occurrences of the “battle trance” condition, and if so, frequency, under what conditions it occurred including substance ingestion, and any ritual or activity that tended to induce this condition.
http://en.wikipedia.org/wiki/Battle_trance
<http://en.wikipedia.org/wiki/Berserker>
<snip>
If a soldier survives the berserk state, it imparts emotional deadness and vulnerability to explosive rage to his psychology and permanent hyperarousal to his physiology – hallmarks of post-traumatic stress disorder in combat veterans. My clinical experience with Vietnam combat veterans prompts me to place the berserk state at the heart of their most severe psychological and psychophysiological injuries.
<snip>
- 2 The request that the survey participant submit one pill from EACH prescription they are currently taking, and any energy, alertness or concentration tablets they may have been ordered or urged to ingest by superiors prior to or during operations, which they may have retained. The respondent should also provide the following information from the prescription bottle label if possible:
- 2.1 the name [generic and trade] of the drug
 - 2.2 the label strength of the drug [e.g. 50 mg.]
 - 2.3 the source of the drug, e.g. military medical, VA, social services medical, private pharmacy, mail order pharmacy, etc.
 - 2.4 the prescribing authority, e.g. military medical, VA medical, social services medical, private physician, etc.
 - 2.5 If the tablet is a “leftover” from operations, the location, the circumstances [e.g. were they ordered to take, the perceived effects], and the approximate date these were distributed

- 2.6 Any unusual or notable effects on ingestion of the tablet such as euphoria, sweating, flushing, feelings of strength/invulnerability, unusual sexual arousal, rage, paranoia, xenophobia, hunger or loss of appetite, etc.
- 3 Send each of the tablets received from the survey respondents to a reputable non-governmental lab for analysis to determine the actual contents and strength of the active ingredients, compared to what was claimed on the prescription identification, or if of unknown composition, for example from tablets distributed prior to or during operations to boost stamina or alertness, the actual active ingredients and concentrations. Of particular concern are:
 - 3.1 Misbranded or mislabeled drugs
 - 3.2 Inconsistent or inaccurate concentration information, possibly indications a quality control problem by both the manufacturer and the procuring agency.
 - 3.3 Unknown substances or substances not authorized for human pharmaceutical use such as anabolic steroids.
 - 3.4 No active ingredients, i.e. placebos
- 4 Code and enter the data into a database suitable for statistical analysis, and perform multiple regression and canonical analysis to identify patterns of drug interactions, misbranding, poor quality control (variable strength or content), mis diagnosis or miss prescription by agency or entity (i.e. drug(s) unsuitable for conditions/symptoms described), etc. One suggested source of statistical analysis is the state university agricultural faculty, which generally have some of the best statistical analysts/interpreters at any university, many of whom are veterans, and would be eager to participate in such a foundational and basic study. It would be prudent to get the statistical experts input for the design of the database for easy coding, input and analysis.